

Appendix 4

Wisconsin Medicaid-Allowable Procedure Codes Covered in Place of Service "4" — Recipient's Home

Procedure Code	Description	Type of Service
59300	Episiotomy or vaginal repair, by other than attending physician	9
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy and/or forceps) and postpartum care	8, 9
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	8, 9
59410	including postpartum care	8, 9
59414	Delivery of placenta (separate procedure)	9
59425	Antepartum care only; 4-6 visits	9
59426	7 or more visits	9
59430	Postpartum care only (separate procedure)	9
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy and/or forceps) and postpartum care, after previous cesarean delivery	8, 9
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	8, 9
59614	including postpartum care	8, 9
90384	Rho(D) immune globulin (Rhlg), human, full-dose, for intramuscular use	1
90780	Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour	1
90781	each additional hour, up to eight (8) hours (List separately in addition to code for primary procedure)	1
90782	Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular	1
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	1, 2
99354*	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)	9
99355*	each additional 30 minutes (list separately in addition to code for prolonged physician service)	9
99440	Newborn resuscitation; provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	9

*This procedure code must be submitted on a HCFA 1500 claim form with documentation attached to the claim showing medical necessity. This code should be billed by a certified nurse midwife (CNM) only in place of service "4" (home) when the CNM attends the labor of a patient and subsequently admits the patient to the hospital for the birth.

Procedure Code	Description	Type of Service
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gram	1
J2210	Injection, methylergonovine maleate, [Methergine Maleate], up to 0.2 mg	1
J2460	Injection, oxytetracycline HC1, up to 50 mg	1
J3430	Injection, phytonadione (vitamin K), per 1 mg	1
W6000	Antepartum care; initial visit	9
W6001	two or three visits	9